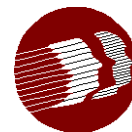


Division of Public Health



Administrative Process Improvement

ISSUE STATEMENT:

The Office of Vital Statistics registers and retains all birth, death, marriage and divorce data for events occurring in Delaware. The Office of Vital Statistics also protects the confidentiality and legality of all vital records in its possession. Through this collection process, the Division provides a variety of health statistics useful in assessing the health of the citizens and assisting policy makers and researchers in making informed decisions as to how to direct resources.

The division contracts with many vendors to provide a wide variety of services to constituents. In order to ensure that these vendors provide the services contracted, the division maintains an ongoing program of contract audits that review contract goals and service statistics.

GOALS:

- ◆ Transition to an electronic vital records system (EVRS)
- ◆ Provide Vital Statistics data to the National Center for Health Statistics (NCHS)
- ◆ Sustain contract auditing process to assure DPH programs receive the services that it contracts with external vendors to provide

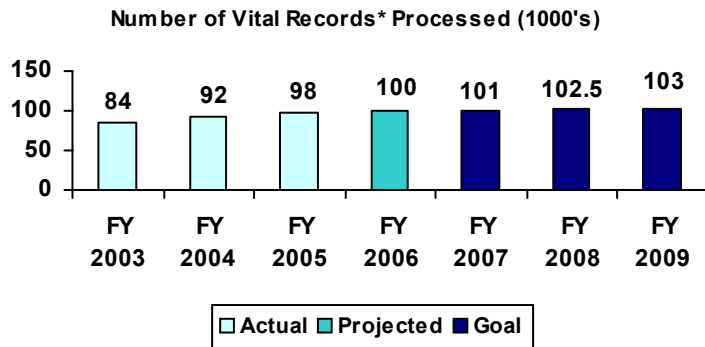
KEY OBJECTIVES:

- ◆ By June 30, 2009, increase the number of vital records processed to 103,000
- ◆ Through June 30, 2009, continue to audit at least 35% of the professional service contracts per fiscal year that are maintained by the Division of Public Health

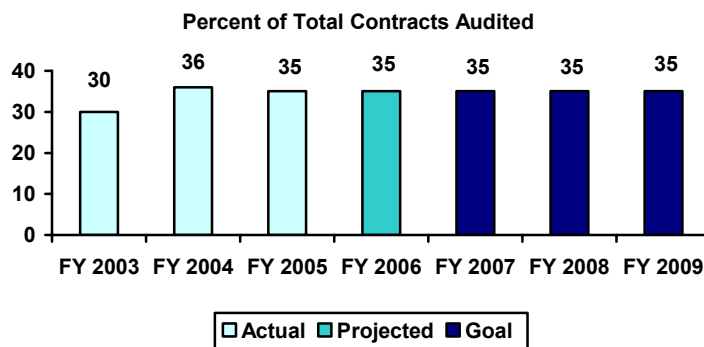
STRATEGIC INITIATIVES / ACTIVITIES:

- ◆ Implement electronic birth module for vital records
- ◆ Contract development, monitoring and evaluation
- ◆ Grant coordination
- ◆ Fiscal management
- ◆ Revenue development and management
- ◆ Capital improvement
- ◆ Management information systems
- ◆ System automation
- ◆ Core public health skills training
- ◆ Establishment of a management framework
- ◆ Collecting and cataloging vital statistics

PERFORMANCE MEASURES:



**Defined as records related to birth, death, marriage, divorce, and fetal death.*



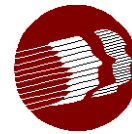
Total Contracts: FY 03 = 324; FY 04 = 351; FY 05 = 375; FY 06 (est) = 375; FY 07 (est) = 375; FY 08 (est) = 375; FY 09 (est) = 375

MONITORING / EVALUATION PLAN:

- ◆ Conduct monthly status updating with EVRS contractor to assure project remains in scope and timelines are met
- ◆ Monitor data submissions for meeting time schedules as established by NCHS

Program Manager: Barbara Jarrell, MBA & Paul Silverman, DrPH, 744-4700

Division of Public Health



Cancer & Chronic Disease

ISSUE STATEMENT:

Chronic diseases, including cancers, account for 60% of deaths in Delaware. Effective prevention measures exist today to substantially curtail the illness, disabilities, and unnecessary or early deaths caused by these diseases. Three risk behaviors in particular – tobacco use, lack of physical activity, and poor nutrition – are major contributors to heart disease and cancer, our major killers.

GOAL:

- ◆ Reduce incidence of chronic diseases, including cancer, by promoting early detection and by promoting social, behavioral and environmental changes that will reduce risk factors for these diseases

KEY OBJECTIVES:

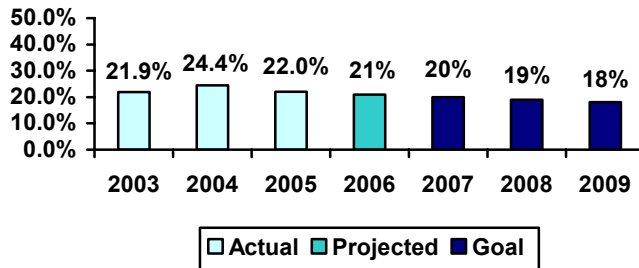
- ◆ By June 30, 2009, increase the proportion of breast cancers diagnosed at the local stage to 69% overall (baseline 63.6%) with special emphasis on minority women
- ◆ By June 30, 2009, increase the proportion of colorectal cancers detected at the local stage to 40% (baseline 31.1%)
- ◆ By June 30, 2009, decrease current use of tobacco by adults aged 18 and older to 22% (baseline 24.4%) (Healthy Delaware 2010 objective)
- ◆ By June 30, 2009, reduce the prevalence of tobacco use among Delaware high school students to 18%

STRATEGIC INITIATIVES / ACTIVITIES:

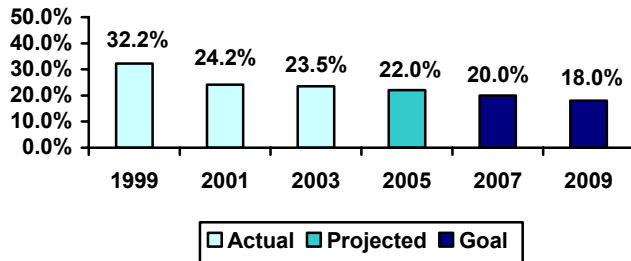
- ◆ Develop and deliver targeted educational programs and messages to the general public and populations at increased risk for developing cancer and chronic diseases
- ◆ Support the Advisory Council on Cancer Incidence and Mortality in their implementation of the comprehensive cancer control plan for Delaware
- ◆ Develop a plan to expand the existing Breast and Cervical Cancer Early Detection Program (“Screening for Life”) into a comprehensive state cancer program

PERFORMANCE MEASURES:

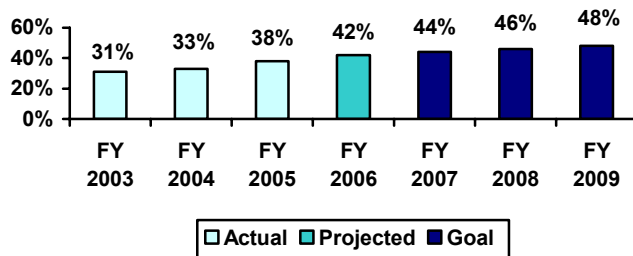
**Prevalence of Tobacco Use by Adult
Delawareans 18 years and Older**



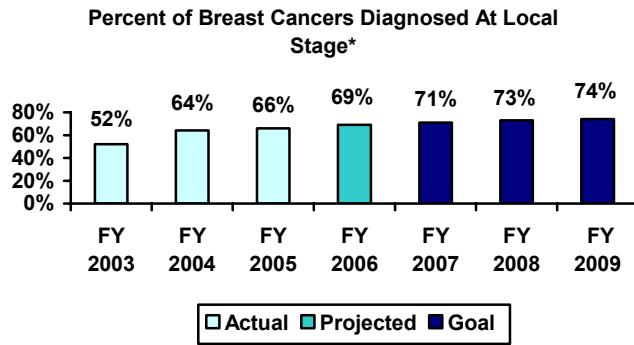
**Prevalence of Tobacco Use by Delaware High
School students**



**Percent of Colorectal Cancers Detected At Local
Stage***



**Local stage defined as a cancer this is confined to the place where it started & has not spread to other parts of the body.*



**Local stage defined as a cancer this is confined to the place where it started & has not spread to other parts of the body.*

MONITORING / EVALUATION PLAN:

- ◆ Evaluation of reach and impact of educational programs
- ◆ Behavioral Risk Factor Surveillance Survey data on screening and behavioral risks
- ◆ Delaware Cancer Registry

Program Managers: Paul Silverman, DrPH, 744-4700

Division of Public Health



Environmental Health

ISSUE STATEMENT:

Human exposures to hazardous agents in the air, water, soil, and food, and to physical hazards in the environment are major contributors to illness, disability, and death worldwide. Poor environmental quality has its greatest impact on people whose health status already may be at risk. Because the effect of the environment on human health is so great, protecting the environment has been a mainstay of public health practice. The Division of Public Health is particularly concerned about chemicals in drinking water, and indoor air, as well as hazardous waste sites, industrial facilities, agricultural operations, hazardous materials accidents, and terrorist incidents.

GOAL:

- ♦ Minimize the health risks associated with non-fluoridated water

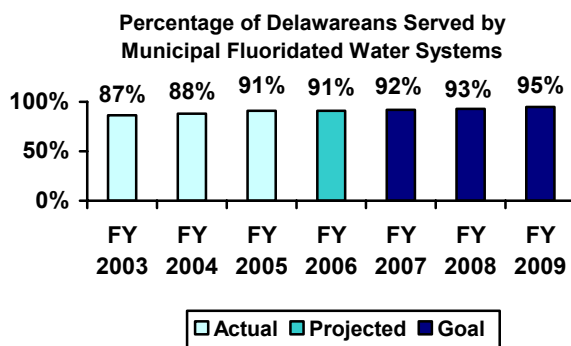
KEY OBJECTIVE:

- ♦ By June 30, 2009, 95% of Delawareans will be served by fluoridated water systems

STRATEGIC INITIATIVES / ACTIVITIES:

- ♦ Provide environmental health consultative services to other state agencies and to the public, on exposures and health risks, on a routine basis and during emergencies
- ♦ Work in close cooperation with DNREC, the Department of Agriculture and other agencies that monitor contaminants in various environmental media
- ♦ Develop a data reporting and tracking program for private well water analysis conducted by all water testing laboratories
- ♦ Issue loans to public water supplies for infrastructure improvement via the Drinking Water State Revolving Fund
- ♦ Conduct routine testing of public water supplies in accordance with State regulations and the Safe Drinking Water Act

PERFORMANCE MEASURE:



MONITORING / EVALUATION PLAN:

- ◆ Records and/or reports maintained for site visits and consultations
- ◆ Regular drinking water reports to EPA on program activities
- ◆ Office of Drinking Water fluoride census

Program Manager: Paul Silverman, DrPH, 744-4700

Division of Public Health



Healthy Children

ISSUE STATEMENT:

Immunizations, oral health, and lead poisoning prevention are important areas of children's health. Although safe and effective disease prevention measures exist, there are socioeconomic and other barriers that impact access to oral health care. For example, uninsured children are 2.5 times less likely to receive dental care than insured children. Childhood lead poisoning remains a serious health problem. It is especially harmful to young children and can harm a child's brain, kidneys, bone marrow, and other body systems. Substantial progress has been made, both nationally and in Delaware, to reduce the incidence of lead poisoning in children under the age of six.

GOAL:

- ◆ Improve the health and well-being of children

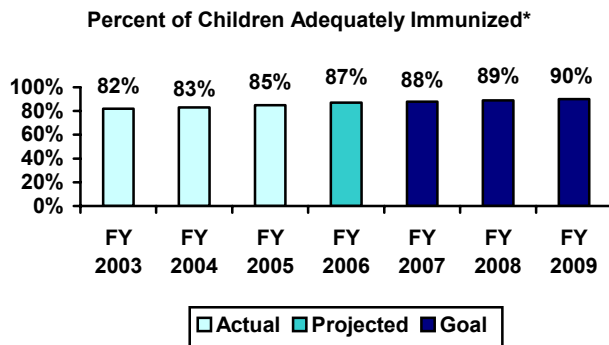
KEY OBJECTIVES:

- ◆ By June 30, 2009, 90% of children will be adequately immunized
- ◆ Throughout FY 2007, 2008, and 2009, continue to serve at least 9,000 Medicaid-eligible children each year in DPH dental clinics
- ◆ By June 30, 2009, reduce the incidence of lead poisoning to 1.2% of all children under the age of six

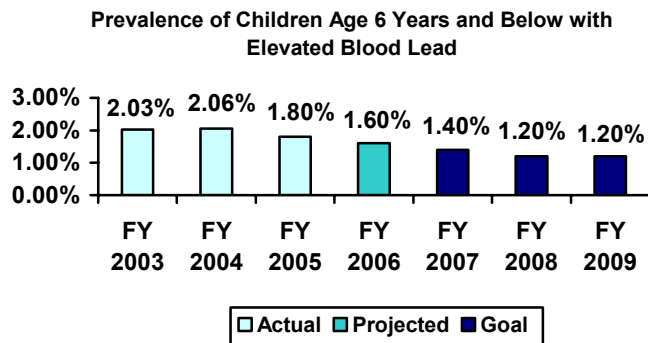
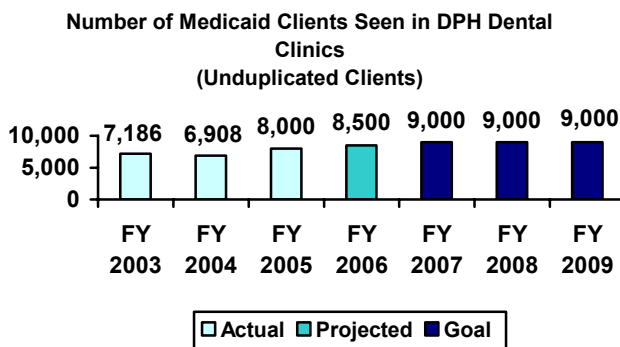
STRATEGIC INITIATIVES / ACTIVITIES:

- ◆ Continue to provide comprehensive dental care through Division of Public Health Dental Clinics
- ◆ Continue to implement the school screening and sealant program
- ◆ Continue to provide training to prepare dentists to treat persons with special needs and coordinate an annual dental screening program for Special Olympics
- ◆ Increase public awareness about childhood lead poisoning
- ◆ Provide lead screening of children at high risk of lead poisoning in a timely manner
- ◆ Provide high quality service and assistance to families of children with elevated blood lead levels, including evaluation, education, and medical referrals
- ◆ Establish and maintain partnerships with public and private organizations to obtain insight into childhood lead poisoning issues and assistance in combating it
- ◆ Assure corrective actions are taken by owners of properties to eliminate lead hazards

PERFORMANCE MEASURES:



*4DPT, 3 polio, 1 measles; National Immunization Survey, Centers for Disease Control and Prevention

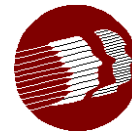


MONITORING / EVALUATION PLAN:

- ◆ Evaluation of reach and impact of educational programs
- ◆ Analysis and quality control reviews of lead screening data
- ◆ Medicaid data base and utilization review of dental clinic services

Program Manager: Herman Ellis, MD, 744-4700

Division of Public Health



Infant Mortality

ISSUE STATEMENT:

Infant mortality is an important measure of a population's health. The infant mortality rate is associated with a variety of factors, including women's health status, quality of and access to medical care, socioeconomic conditions, and public health practices. For the most recent period (1999-2003), the infant mortality rate in Delaware was above 9 deaths per 1,000 births. In the most recent state comparisons compiled by the Delaware Health Statistics Center and based on National Center for Health Statistics data, Delaware ranked sixth worst in the nation.

GOAL:

- ◆ Reduce Delaware's infant mortality rate

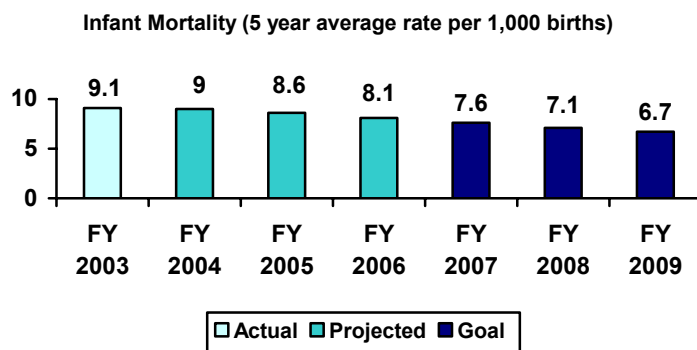
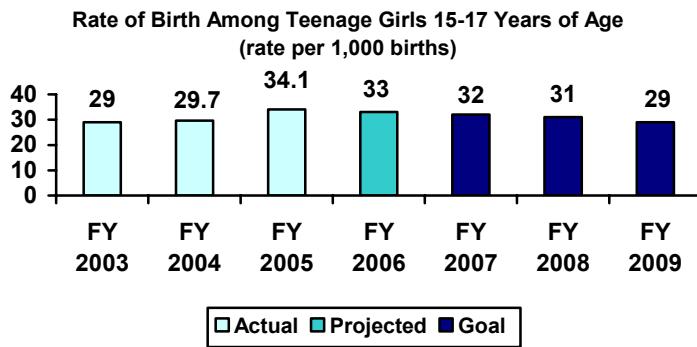
KEY OBJECTIVES:

- ◆ By June 30, 2009, reduce the birth rate of teenage girls ages 15 to 17 years to 29 per 1000 births
- ◆ By June 30, 2009, reduce the infant mortality rate in Delaware to 6.7 per 1000 births

STRATEGIC INITIATIVES / ACTIVITIES:

- ◆ Promote early entry and continued use of quality prenatal care with a full array of enabling and psychosocial services
- ◆ Partner with community and professional organizations to promote culturally competent health services through assessing cultural competence and measuring client satisfaction
- ◆ Provide contraceptive counseling and access to family planning services to reduce unwanted, mistimed and closely spaced pregnancies, especially among high-risk populations (e.g., teens and older women)
- ◆ Identify pregnant women and mothers at risk for poor birth outcomes early and provide appropriate screening, counseling, education and access to health care

PERFORMANCE MEASURES:

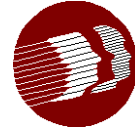


MONITORING / EVALUATION PLAN:

- ◆ Use of Vital Statistics data for prenatal care entry
- ◆ Assessment of culturally competent, linguistically appropriate services in DPH

Program Manager: Herman Ellis, MD, 744-4700

Division of Public Health



Emergency Medical Services

ISSUE STATEMENT:

A high performance Emergency Medical Services (EMS) System greatly enhances the overall health status of the population it serves. EMS is a relatively new field of medicine, evolving from federal initiatives started just 40 years ago. There is a dearth of measures to indicate overall system performance, but perhaps the best available measurement is unit response times. There is not a national response time standard, but in 1999 the State Legislature established goals for Delaware's system based off of an ideal system. An eight-minute response time target is the result of research showing a significant increase in survival of cardiac arrest patients who receive defibrillation in the first eight minutes after their arrest.

Heart-related disease is the leading cause of death in Delaware, accounting for 29.5% of all deaths. In response, The Emergency Medical Service Improvement Act of 1999 charged The Delaware Office of Emergency Medical Services (OEMS) with coordinating a statewide effort to promote and implement widespread use of Automatic External Defibrillators (AEDs). The American Heart Association states that the optimal time to defibrillation in sudden cardiac arrest is three-to-five minutes from onset. An individual's chance of survival decreases by ten percent for each additional minute that defibrillation is delayed. By placing more AEDs within our state, we will be able to decrease the time to defibrillation. The OEMS secured funding from the Health Fund Advisory Committee to develop the *First State, First Shock!* Public Access Defibrillation (PAD) program.

GOALS:

- ◆ Improve Delaware's EMS response times
- ◆ Decrease death and disability from sudden cardiac arrest by increasing the number of AEDs within the state, increasing the number of citizens trained in CPR/AED, and decreasing the time interval from onset of acute illness to defibrillation

KEY OBJECTIVES:

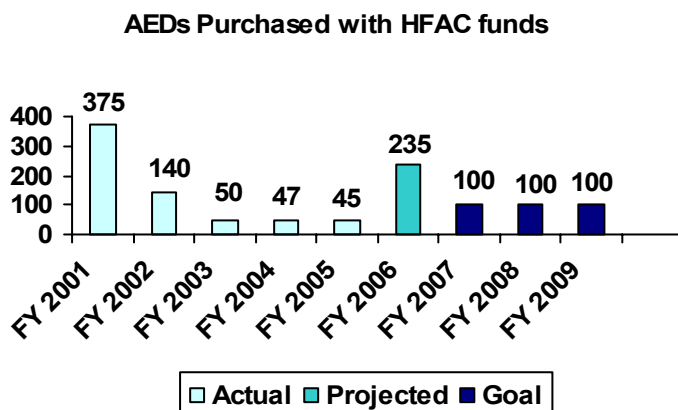
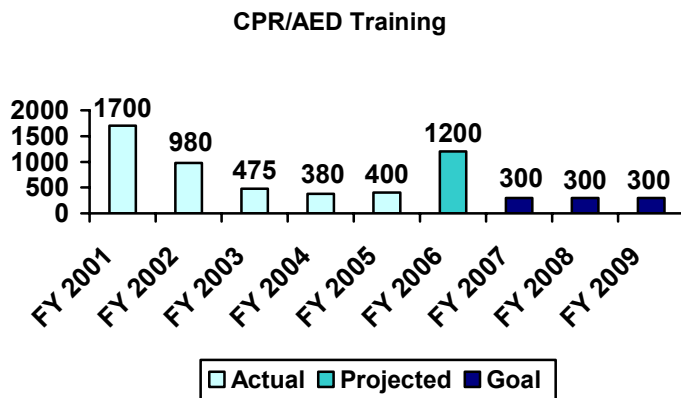
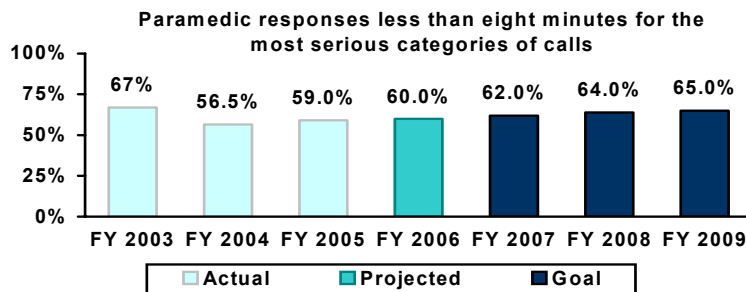
- ◆ By June 30, 2009, improve the percentage of paramedic responses of eight minutes or less to the most serious categories of calls from 58% to 65%
- ◆ By June 30, 2009, increase by 900 the number of Delawareans trained in CPR/AED
- ◆ By June 30, 2009, increase by 300 the number of publicly accessible AEDs
- ◆ By June 30, 2009, increase AED use to 95% of incidents in which a first responder is on-scene prior to Advanced Life Support (ALS) arrival, therefore decreasing the time to defibrillation

STRATEGIC INITIATIVES / ACTIVITIES:

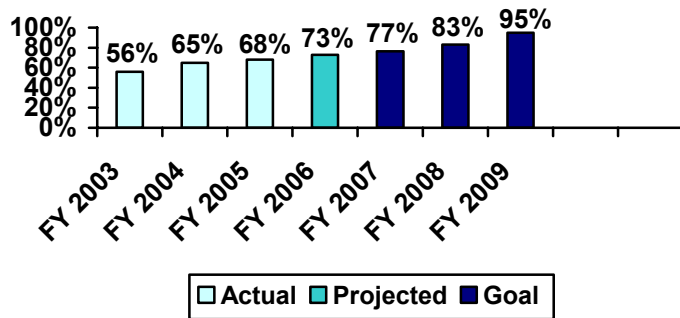
- ◆ Standardize and continuously improve capacity to collect EMS data and accurately measure response times
- ◆ Support paramedic agency initiatives to streamline deployment strategies
- ◆ Deploy an improved statewide EMS data collection system that interfaces on a real time basis with Computer Aided Dispatch and Global Positioning Data

- ◆ Participate in community events to increase public awareness of the Chain of Survival (Early access to 911 - Early Defibrillation - Early Advanced Life Support Care (ALS) - Early Hospital Intervention) Program
- ◆ Partner with the first responder system (police, fire, EMS, safety teams, school nurses etc.) to assist with CPR/AED awareness and training initiatives to improve the time to defibrillation
- ◆ Assist agencies that have received AEDs to replace electrodes and batteries
- ◆ Offer train-the-trainer programs in CPR/AED to participating agencies, which will in turn offer at least two community CPR/AED classes to the general public

PERFORMANCE MEASURES:



AED Usage Prior to ALS Arrival

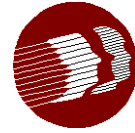


MONITORING / EVALUATION PLAN:

- ◆ Use electronic data from the Emergency Medical Services Data Information Network to verify paramedic response times
- ◆ Maintain and update the AED database that contains information on all AEDs registered within the state

Program Manager: Herman Ellis, MD, 744-4700

Division of Public Health



Long Term Care

ISSUE STATEMENT:

The Long Term Care Section consists of three facilities in Delaware, with a combined operating bed capacity of 445. The section offers Medicaid and Medicare certified beds, skilled health care, care for residents with challenging behaviors, bariatric services, adult day care, therapy programs and other services including staff physicians, laundry services, pastoral care, beauty and barber services, rehabilitation services (occupational, physical and speech therapy), clinical dietetics, social services, dental services, adaptive equipment and gero-psychiatric support.

GOALS:

- ◆ Serve as a safety net for Delaware citizens who are unable to obtain nursing home placement in an emergent situation
- ◆ Maintain or exceed customer satisfaction
- ◆ Develop/improve the Long Term Care Section's ability to provide safe and effective Behavioral Care Services
- ◆ Formulate needs assessment and recommendations to address current and future of the Long Term Care Section's role in providing care for the chronically ill
- ◆ Complete facility-wide Wanderguard System

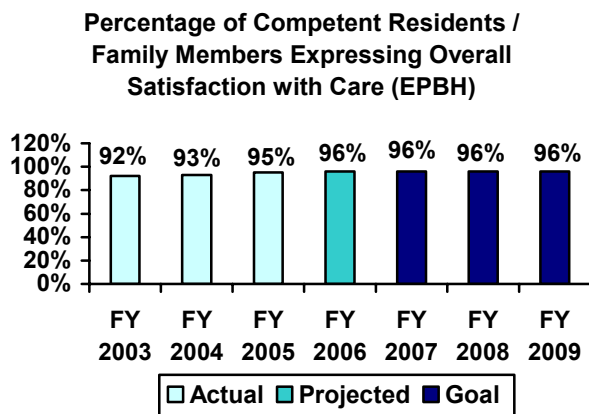
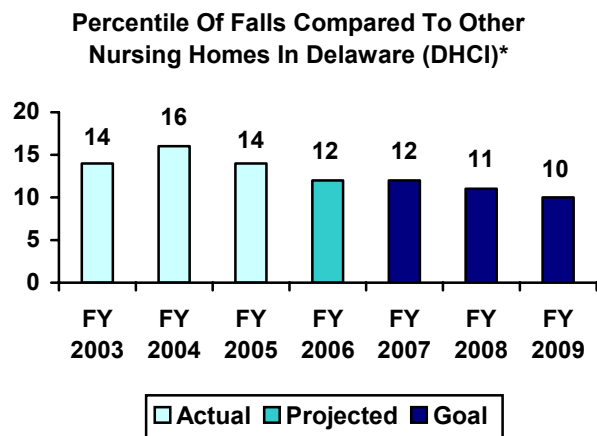
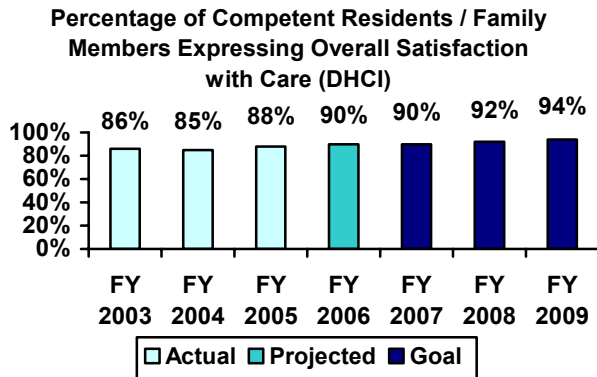
KEY OBJECTIVES:

- ◆ By June 30, 2009, increase the percent of competent residents/family members expressing satisfaction with the care provided as follows: at Delaware Hospital for the Chronically Ill (DHCI) to 92%; at Emily P. Bissell Hospital (EPBH) to 96%; and at Governor Bacon Health Center (GBHC) to 100%
- ◆ By June 30, 2009, decrease the percentile of falls compared to other facilities as follows: DHCI to 10%; EPBH to 10%; and GBHC to 17%

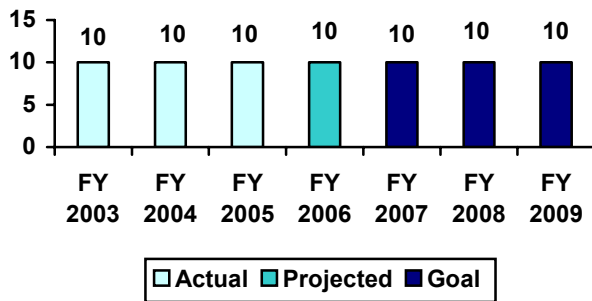
STRATEGIC INITIATIVES / ACTIVITIES:

- ◆ Planning and evaluation
- ◆ Completion of all RFP processes
- ◆ Submission of Door Opener
- ◆ Fiscal management of raw food costs and dietary expenditures
- ◆ System automation of inefficient and outdated software to effective and efficient windows-based application
- ◆ Maintain and/or culminate higher resident/family satisfaction rates on CMS metrics
- ◆ Develop training and policies and procedures to transition staff to provide safe and effective services to residents with chronic mental health and behavioral needs
- ◆ Procure funding necessary to Wanderguard facility campus-wide

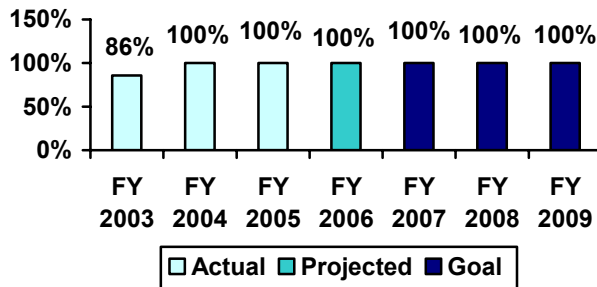
PERFORMANCE MEASURES:



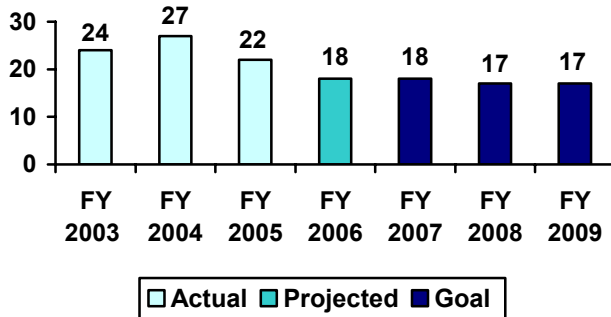
**Percentile Of Falls Compared To Other
Nursing Homes In Delaware (EPBH)***



**Percentage of Competent Residents /
Family Members Expressing Overall
Satisfaction with Care (GBHC)**



**Percentile Of Falls Compared To Other
Nursing Homes In Delaware (GBHC)***



MONITORING / EVALUATION PLAN:

- ◆ Quarterly quality indicator reports from CMS
- ◆ Annual customer satisfaction surveys

Program Manager: Jack Askin, 223-1500